## PATENT APPLICATION EE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/541357

|  |  |   |  |                               |              |                               | <u></u>    |                        |         |                     |                        |
|--|--|---|--|-------------------------------|--------------|-------------------------------|------------|------------------------|---------|---------------------|------------------------|
|  | CLAIMS AS FILED - PART I                       |   |  |                               |              |                               |            | ITITY                  | ,       | OTHER               |                        |
| L  |  |   | (Column 1)                                 |                               |              | Column 2)                     | TYPE       | <u> </u>               | OR<br>- | SMALL E             | ENTITY                 |
| U.S  | . NATIONAL                                     | STAGE FEES                                |  |                               |              |                               | RATE       | FEE                    | ]       | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.                                 | = \$ 150                      | LARG         | SE ENT. = \$ 300              | BASIC FEE  |                        | OR      | BASICHEE            | 360                    |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$50              |                               |              | her situations = 100 / \$ 200 | EXAM FEE A | 3                      |         | LAR LEB             | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | untries =                     |              | her situations = 250 / \$ 500 | SEARCH FEE |                        | •       | SEARCH FEE          | 460                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min  | us 100 =                      |              | / 50 =                        | X \$ 125 = |                        |         | X \$ 250 =          | /                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 13 mi                                      | nus 20 =                      | * .          |                               | X \$ 25 =  |                        | OR      | X \$ 50 =           | 7                      |
| INDI   | EPENDENT CL                                    | AIMS                                      | 3 minus 3 = .                              |                               |              |                               | X\$100 =   |                        | OR      | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                                      |                               |              |                               | + \$ 180 = |                        | OR      | +\$ 360 =           | 1                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                               |              | lumn 2                        | TOTAL      |                        | OR      | TOTAL               | 400                    |
|  |  | SMALL                                     | ENTITY                                     | OTHER THAN<br>OR SMALL ENTITY |              |                               |            |                        |         |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT EXTRA                 | RATE       | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                            |              | = .                           | X \$ 25 =  |                        | OR      | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                                      | ***                           |              | <b>s</b> ·                    | X \$ 100 = |                        | OR      | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |              |                               | + \$ 180 = |                        | OR      | + \$ 360 =          |                        |
| TOTAL ADDIT. FEE:  |  |   |  |                               |              |                               |            |                        | OR      | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  | (Colur                        | mn 2)        | (Column 3)                    | ·<br>      |                        |         |                     |                        |
| AMENDMENT B  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA              | RATE       | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                            |              | =                             | X \$ 25 =  |                        | OR      | X \$ 50 =           | _                      |
|  | Independent                                    | *   | Minus                                      | ***                           |              | =                             | X \$ 100 = |                        | OR      | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |              |                               | + \$ 180 = |                        | OR      | + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FEE  |  |   |  |                               |              |                               |            |                        | OR      | TOTAL ADDIT.<br>FEE |                        |
|  | . •  |   |  |                               |              |                               |            |                        |         |                     |                        |
|  | ti the enter to                                |   |  | ots - neu :                   | la agt       |                               |            |                        | •       |                     |                        |
| if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". |  |   |  |                               |              |                               |            |                        | ٠       |                     |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.